



Department of Health and Human Services
Maine Center for Disease Control and Prevention
Children With Special Health Needs
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-6879; Toll Free: 1-800-698-3624
Fax: (207) 287-4743; TTY: 1-800-606-0215

Maine Newborn Hearing Program Hearing Screening Referral Form Fax (207) 287- 4743

Newborn Information

Name: _____ Date of Birth (MM/DD/YYYY): ____/____/____
Birth Facility: _____ Screening Facility: _____
Hearing Screen Date (MM/DD/YYYY): ____/____/____
Result (circle for each ear) **Right Ear:** Pass Refer N/A **Left Ear:** Pass Refer N/A

Parent/ Guardian Contact Information

Name: _____
Address: _____
Phone #: (_____) _____ Alternate #: (_____) _____

****Alternate Contact (Friend/ Relative)****

Name: _____ (Relation) _____
Address: _____
Phone #: (_____) _____ Alternate #: (_____) _____

Referral Information



Referral for outpatient re-screening

Site Name: _____ Site Phone #: (_____) _____
Appointment Date/Time: _____



Referral for diagnostic audiological assessment

Site Name: _____ Phone #: (_____) _____
Appointment Date/Time: _____



Hearing screening results faxed to primary care provider

Provider's Name: _____ Phone #: (_____) _____
Fax: (_____) _____



Refusal for follow-up screening/audiological assessment. (Complete refusal form and fax both referral and refusal forms to MNHP and Primary Care Provider)